


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90011 033 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002745**

1. Corporation Name

**ABUNDANT LIFE CHRISTIAN CHURCH INTERNATIONAL, INC.**

Principal Place of Business

1802 BRUTON BLVD  
ORLANDO FL 32805  
US

Mailing Address

PO BOX 618322  
ORLANDO FL 32861  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/14/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3188671
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

LAMAR, L J  
7116 CORAL COVE DR  
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name	DJUAN A. IRVIN
82 Street Address (P.O. Box Number is Not Acceptable)	7116 CORAL COVE DRIVE
83	
84 City	ORLANDO
85 FL	32818

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Djuan A. Irvin* Djuan A. Irvin (President) 1-4-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, DJUAN A	1.2 NAME	GWENDOLYN IRVIN
STREET ADDRESS	7116 CORAL COVE DR	1.3 STREET ADDRESS	7116 CORAL COVE DRIVE
CITY-ST-ZIP	ORLANDO FL 32818	1.4 CITY-ST-ZIP	Orlando, FL 32818
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKLEY, JODI	2.2 NAME	SABRINA GILYARD
STREET ADDRESS	700 WINDGROVE TRAIL	2.3 STREET ADDRESS	6510 B. Summerwalk Square
CITY-ST-ZIP	MAITLAND FL 21751	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, GWENDOLYN	3.2 NAME	
STREET ADDRESS	7116 CORAL COVE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CAROLYN	4.2 NAME	
STREET ADDRESS	7709 ARREZZO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn Irvin* Gwendolyn Irvin 1-4-99 (407) 295-9041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #